

**FORM INS-2****Due 01/31/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****January, 2005****Instructions and worksheet are on the other side of this return.**

0531000

00

Company _____

Insurance Account Number

____ _

Address _____

Estimated Payment

(see instructions on back) \$ _____.00

* Signature _____

Name/Title _____

REMITTANCE MUST ACCOMPANY RETURN

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-2****Due 02/28/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****February, 2005****Instructions and worksheet are on the other side of this return.**

0531000

00

Company _____

Insurance Account Number

____ _

Address _____

Estimated Payment

(see instructions on back) \$ _____.00

* Signature _____

Name/Title _____

REMITTANCE MUST ACCOMPANY RETURN

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-2****Due 03/31/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****March, 2005****Instructions and worksheet are on the other side of this return.**

0531000

00

Company _____

Insurance Account Number

____ _

Address _____

Estimated Payment

(see instructions on back) \$ _____.00

* Signature _____

Name/Title _____

REMITTANCE MUST ACCOMPANY RETURN

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to :

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Send return with check to:

Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

Annually, the State Tax Assessor establishes the interest rate. Beginning January 1, 2005, the interest rate is 0.667% per month; 8% per year, compounded monthly.

The penalty for failure to file a return is the greater of \$25 or 10% of the tax due, unless the return is filed more than 30 days after the receipt of a demand notice from the State Tax Assessor, in which case the failure-to-file penalty becomes 100% of the tax otherwise due.

The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

This return is made in compliance with 36 M.R.S.A. §2521-A and 25 M.R.S.A. §2399.

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$.00

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**FORM INS-2****Due 04/30/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****April, 2005****00*****0531000*****Instructions and worksheet are on the other side of this return.**

Company _____

Insurance Account Number

Address _____

Estimated Payment
(see instructions on back) \$, , .**00**

* Signature _____

Name/Title _____

REMITTANCE MUST ACCOMPANY RETURN

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-2****Due 05/31/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****May, 2005****00*****0531000*****Instructions and worksheet are on the other side of this return.**

Company _____

Insurance Account Number

Address _____

Estimated Payment
(see instructions on back) \$, , .**00**

* Signature _____

Name/Title _____

REMITTANCE MUST ACCOMPANY RETURN

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-2****Due 06/30/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****June, 2005****00*****0531000*****Instructions and worksheet are on the other side of this return.**

Company _____

Insurance Account Number

Address _____

Estimated Payment
(see instructions on back) \$, , .**00**

* Signature _____

Name/Title _____

REMITTANCE MUST ACCOMPANY RETURN

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120

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The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

This return is made in compliance with 36 M.R.S.A. §2521-A and 25 M.R.S.A. §2399.

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

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This return is made in compliance with 36 M.R.S.A. §2521-A and 25 M.R.S.A. §2399.

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

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This return is made in compliance with 36 M.R.S.A. §2521-A and 25 M.R.S.A. §2399.

**FORM INS-2****Due 07/31/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
July, 2005****00**

0531000

Instructions and worksheet are on the other side of this return.

Company _____

Insurance Account Number

Address _____

Estimated Payment
(see instructions on back) \$.**00**

* Signature _____

Name/Title _____

REMITTANCE MUST ACCOMPANY RETURN

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-2****Due 08/31/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
August, 2005****00**

0531000

Instructions and worksheet are on the other side of this return.

Company _____

Insurance Account Number

Address _____

Estimated Payment
(see instructions on back) \$.**00**

* Signature _____

Name/Title _____

REMITTANCE MUST ACCOMPANY RETURN

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-2****Due 09/30/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
September, 2005****00**

0531000

Instructions and worksheet are on the other side of this return.

Company _____

Insurance Account Number

Address _____

Estimated Payment
(see instructions on back) \$.**00**

* Signature _____

Name/Title _____

REMITTANCE MUST ACCOMPANY RETURN

Telephone _____

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Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120

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Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

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Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$.00

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This return is made in compliance with 36 M.R.S.A. §2521-A and 25 M.R.S.A. §2399.

**FORM INS-2****Due 10/31/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****October, 2005****Instructions and worksheet are on the other side of this return.**

0531000

00

Company _____

Insurance Account Number

____ _

Address _____

Estimated Payment

(see instructions on back) \$ _____.00

* Signature _____

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.**REMITTANCE MUST ACCOMPANY RETURN**

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-2****Due 11/30/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****November, 2005****Instructions and worksheet are on the other side of this return.**

0531000

00

Company _____

Insurance Account Number

____ _

Address _____

Estimated Payment

(see instructions on back) \$ _____.00

* Signature _____

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.**REMITTANCE MUST ACCOMPANY RETURN**

Make check payable to :

Treasurer, State of Maine

Send return with check to:

Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-2****Due 12/31/05****MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX****December, 2005****Instructions and worksheet are on the other side of this return.**

0531000

00

Company _____

Insurance Account Number

____ _

Address _____

Estimated Payment

(see instructions on back) \$ _____.00

* Signature _____

Name/Title _____

Telephone _____

*Must be signed by the President, Treasurer, Secretary, Chief
Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.**REMITTANCE MUST ACCOMPANY RETURN**

Make check payable to :

Treasurer, State of Maine

Send return with check to:

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Augusta, ME 04332-9120

Estimated Payment. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay **1.4%** of the gross direct premiums for fire risks written in Maine, less the amount of all direct return premiums and all dividends paid to policyholders on direct fire premiums. The tax must be paid on an estimated basis at the end of each month, with each installment equal to at least 1/12 of the estimated total tax to be paid for the current calendar year. \$, , .00

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